GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1767
ANSWERED ON:25.11.2016
Welfare Schemes for Pregnant Women
Biswas Shri Radheshyam

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of schemes/ programmes that are in force for the welfare of pregnant women and children in the country;

(b) the funds allocated, sanctioned and released for the last three years, State/UT-wise;

(c) whether the schemes/programmes have achieved in reducing the death rate of pregnant women and child, if so, the details thereof; and

(d) whether the Union Government has taken any steps to ensure proper implementation of the schemes/ programmes in rural areas, if so, the details thereof ?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): Government of India has implemented various schemes for pregnant women and children in the country and the same are placed below:

â€¢ Janani Suraksha Yojana (JSY) was launched in April 2005, with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women by providing incentive to all BPL/SC/ST pregnant women delivering in Government health facilities/accredited private institutions in both High performing State (HPS) and Low Performing State (LPS) regardless of age of mother and number of children.

â€¢ Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.

â€¢ The Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month. As part of the Abhiyan, a minimum package of antenatal care services would be provided to pregnant women in their 2nd / 3rd trimesters, by OBGY specialists/ Radiologist/ Physicians at government health facilities, with support from private sector doctors to supplement the efforts of the government.

â€¢ Rashtriya Bal Swasthya Karyakram (RBSK) has been launched to provide child health screening and early interventions services by expanding the reach of mobile health teams at block level. These teams also carry out screening of all the children in the age group 0 − 6 years enrolled at Anganwadi Centres at least twice a year. RBSK covers 30 common health conditions.

â€¢ In order to increase awareness about the use of ORS and Zinc in diarrhoea, an Intensified Diarrhoea Control Fortnight (IDCF) is being observed during July-August, with the ultimate aim of 'zero child deaths due to childhood diarrhoea'. During fortnight health workers visited the households of under five children, conducted community level awareness generation activities and distributed ORS packets to the families with children under five years of age. Around 1.9 crore and 6.34 Crore Under-five children were reached by ASHAs during IDCF 2014 and 2015 respectively and prophylactic ORS packets were distributed to them with counselling for care during diarrhoea.

â€¢ National Deworming Day (NDD): Ministry of Health & Family Welfare had adopted a single day strategy called National Deworming Day (NDD) in 2015 to combat Soil Transmitted Helminths (STH) infections in the children. During NDD, a single dose of Albendazole is administered to the children by school teachers and anganwadi workers.

â€¢ Government of India is implementing the Rashtriya Kishor Swasthya Karyakram. The salient features of the various interventions under RKSK are as follows :

? Weekly Iron Folic Acid Supplementation programme: The objective of the programme is to reduce the prevalence and severity of anaemia in adolescent population (10-19 years). The programme covers adolescent girls and boys enrolled in 6th to 12th class in

government/government aided/municipal schools and out of school adolescent girls. Under the programme supervised WIFS are given to these adolescent girls and boys using fixed day approach and biannual deworming for control of helminthic infestation. The adolescents are screened for moderate/severe anaemia and are referred to appropriate health facilities. Nutrition Health Education is also imparted to the adolescents by trained nodal teachers.

? Scheme for Promotion of Menstrual Hygiene: The scheme aims at increasing the awareness regarding hygiene practices during menstruation, increased access to and use of hygienic products during menstruation and disposal of such products in an environmentally friendly manner among adolescent girls living rural areas.

? Peer Education: The programme aims to ensure that adolescents between the age of 10-19 years benefit from regular and sustained peer education thus improving life skills, knowledge and aptitude on key focused areas.

? Adolescent Friendly Health Clinics: At AFHCs with the presence of trained service providers counselling and curative services (information, commodities and services) are provided at primary, secondary and tertiary levels of care with due referral linkages

(b): the details of the funds approved and utilized for Maternal health & Child health for the last three years State/ UT-wise is placed at Annexure-I & Annexure-II respectively.

(c):
â€¢ As per the latest RGI-SRS Report (2011-13); the MMR of India has declined from 254 in 2004-06 to 167 per 100,000 live births in 2011-13. This translates into a reduction of absolute numbers of maternal deaths from approximately 67000 to 44,000 per year.
â€¢ The annual decline in MMR has been 6.2% during 2011-13 to 2010-12 as compared to the annual decline of 5.7% during 2007-09 to 2010-12. Assuming, the same pace of decline continues, India's MMR is likely to reach the MDG -5 target of 139/ lakh live births by 2015.
â€¢ The Under− 5 Mortality Rate of the country has reduced from 52 per 1,000 live births in 2012 to 45 per 1,000 live births in 2014.

(d): The implementation and progress of the various schemes and programs are reviewed at the national level through a number of review mechanisms and surveys:

i) Hon'ble Prime Minister has recently reviewed the progress on Infant Mortality Rate and Maternal Mortality Ratio in Empowered Action Group States (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand) & Assam through PRAGATI - the ICT-based, multi-modal platform for Pro-Active Governance and Timely Implementation.

ii) Meetings of Central Council of Health & Family Welfare are held under the chairpersonship of Union Minister of Health & Family Welfare to review progress under NHM with State Health Ministers.

iii) Annual Common Review Missions − Common Review Missions (CRMs) are conducted on an annual basis to review the progress of various schemes under NHM.

iv) Surveys:
â€¢ RGI provides information on indicators such as IMR, MMR, Under five mortality rate etc through the Sample Registration System (SRS)
â€¢ District Level Household Survey (DLHS) - provides district level estimates on health indicators to assist policy makers and program administrators in decentralized planning, monitoring and evaluation.
â€¢ National Family Health Survey (NFHS) provides state and national information for India on fertility, infant and child mortality, the practice of family planning etc
â€¢ Rapid Survey on Children conducted by UNICEF

v) Reviews of various programmes under the National Health Mission are also conducted at Regional level review meetings, National Programme Coordination Committee meetings held at National level to discuss State programme implementation plans etc.

vi) Video Conferences are conducted at regular intervals with State Health Secretaries/ State Mission Directors under the chairpersonship of senior officials in the Ministry to review the progress

vii) Regular integrated monitoring visits from the MoHFW & National Health Systems Resource Centre (NHSRC) to States and from States to districts & blocks.